

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90059 047 ***150.00

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1. Entity Name
SANCTUARY/OCEAN REEF DEVELOPERS INC.



Principal Place of Business
**2200 SOUTH DIXIE HWY., STE 702-B
MIAMI, FL 33133 US**

Mailing Address
**2200 SOUTH DIXIE HWY., STE 702-B
#302
MIAMI, FL 33133 US**

24033003



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0704266

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE #1102
CORAL GABLES, FL 33134**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **LEWIS, THOMAS E**
STREET ADDRESS **2200 SOUTH DIXIE HWY., STE 702-B**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **VPAS**
NAME **BARNES, JOEL D**
STREET ADDRESS **2200 SOUTH DIXIE HWY., STE 702-B**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **VICE President**
NAME **Sandra Jarrett**
STREET ADDRESS **516 S. Orleans**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **Secretary**
NAME **Jerry D. Jeter**
STREET ADDRESS **1324 Euclid Ave. #2**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry D. Jeter 3/29/04 305-854-6968 x227

Date

Daytime Phone #